CALFRESH (CF) PROGRAM REQUEST FOR POLICY/REGULATION INTERPRETATION

INSTRUCTIONS: Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy of the CF 24 for your records.

Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit manager.

•	Questions from Administrative Law Judges may be submitted dire where the hearing took place, with a copy of the form directed to the	ctly to ne ap	propriate CalFresh Bureau	u unit manager.	
1.	RESPONSE NEEDED DUE TO:	5.	DATE OF REQUEST:	NEED RESPONSE BY:	
	Policy/Regulation Interpretation		11-05-12		
	□ QC	6.	COUNTY/ORGANIZATION:		
	☐ Fair Hearing		FRENSO		
	Other:	7.	SUBJECT: VERIFIED LIPON REC	CEIPT - MEDICAL EXPENSES	
2.	REQUESTOR NAME:	8.	REFERENCES: (Include ACL)	/ACIN, court cases, etc. in references)	
	L Company		NOTE: All requests must have a regulation cite(s) and/or a reference(s).		
3.	PHONE NO.:		ACIN I-06-96		
4.	REGULATION CITE(S): 63-504.421(C)(2); 20-006.53				
9.	QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):				
	Per ACIN I-06-96 MEDS and IEVS cannot be used. Can examples be provided of what sources are considered verified upon receipt as stated in 63-504.421(c)(2)?				
10.	REQUESTOR'S PROPOSED ANSWER:				
	Even though the CFR and the State regulation mention sources considered verified upon receipt, there are no other sources that are considered verified upon receipt.				
11.	STATE POLICY RESPONSE (CFPB USE ONLY):				
	CDSS is unsure what was meant by the question and proporties that MEDS and/or IEVS cannot be used as a sour reserved for events in specific cases. Please provide a case	ce fo	or "verified upon receipt.	." Policy interpretations are	

FOR CDSS USE					
DATE RECEIVED:	DATE RESPONDED TO COUNTY/ALJ:				
11/5/12	11/09/12				